SERFF Tracking Number: CNAB-125643090 State: Arkansas State Tracking Number: First Filing Company: EFT \$50 Continental Insurance Company, ...

Company Tracking Number: 08-F3139

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Exclusion-Designated Exposures & Sp. Events

Project Name/Number: Exclusion-Designated Exposures & Sp. Events/G-300645-A

Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty

Company

SERFF Tr Num: CNAB-125643090 State: Arkansas Product Name: Exclusion-Designated

Exposures & Sp. Events

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 08-F3139 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Author: Mercy Marasigan Disposition Date: 05/23/2008 Date Submitted: 05/12/2008 Disposition Status: Approved

Effective Date Requested (New): 06/01/2008 Effective Date (New): Effective Date (Renewal):

Effective Date Requested (Renewal): 06/01/2008

State Filing Description:

General Information

Project Name: Exclusion-Designated Exposures & Sp. Events Status of Filing in Domicile: Pending

Project Number: G-300645-A Domicile Status Comments: Pending approval

by the Dept. of Insurance

Reference Organization: N/A Reference Number: N/A Reference Title: N/A Advisory Org. Circular: N/A

Filing Status Changed: 05/23/2008

State Status Changed: 05/23/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting new endorsement, G-300645-A for use with the ISO Commercial General Liability Coverage Part, CG 00 01.

This new optional endorsement is intended for use on accounts with a history of owning, using or engaging in objects or

SERFF Tracking Number: CNAB-125643090 State: Arkansas State Tracking Number: First Filing Company: EFT \$50 Continental Insurance Company, ...

Company Tracking Number: 08-F3139

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Exclusion-Designated Exposures & Sp. Events

Project Name/Number: Exclusion-Designated Exposures & Sp. Events/G-300645-A

activities that are not customary to most members of the class. This endorsement allows our underwriters to write the customary exposures of the account, while excluding its uncharacteristically severe exposures. This endorsement has no rate impact.

The detailed description of this filing is contained in the EXPLANATORY MEMORANDUM.

We respectfully request a written date of June 1, 2008 or the earliest date permitted by the State regulations.

Company and Contact

Filing Contact Information

Mercy A. Marasigan, State Filing Analyst mercedes.marasigan@cna.com

333 S. Wabash (312) 822-6609 [Phone] (312) 755-2394[FAX] Chicago, IL 60685

Filing Company Information

Continental Insurance Company CoCode: 35289 State of Domicile: Pennsylvania 333 South Wabash Group Code: 218 Company Type: Property and

Casualty

State ID Number:

37th Floor

Chicago, IL 60604 Group Name: CNA Insurance

Companies

FEIN Number: 13-5010440 (312) 822-4292 ext. [Phone]

American Casualty Company of Reading PA CoCode: 20427 State of Domicile: Pennsylvania 333 South Wabash

Group Code: 218 Company Type: Property and

Casualty

State ID Number:

37th Floor

Chicago, IL 60604 Group Name: CNA Insurance

Companies

(312) 822-4292 ext. [Phone] FEIN Number: 23-0342560

National Fire Insurance Company of Hartford CoCode: 20478 State of Domicile: Illinois

333 South Wabash Group Code: 218 Company Type: Property and

Casualty

Company Tracking Number: 08-F3139

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Exclusion-Designated Exposures & Sp. Events

Project Name/Number: Exclusion-Designated Exposures & Sp. Events/G-300645-A

37th Floor

Chicago, IL 60604 Group Name: CNA Insurance State ID Number:

Companies

(312) 822-4292 ext. [Phone] FEIN Number: 06-0464510

Transportation Insurance Company CoCode: 20494 State of Domicile: Illinois

333 South Wabash Group Code: 218 Company Type: Property and

Casualty

37th Floor

Chicago, IL 60604 Group Name: CNA Insurance State ID Number:

Companies

(312) 822-4292 ext. [Phone] FEIN Number: 36-1877247

Valley Forge Insurance Company CoCode: 20508 State of Domicile: Pennsylvania

333 South Wabash Group Code: 218 Company Type: Property and

Casualty

State ID Number:

State ID Number:

37th Floor

Chicago, IL 60604 Group Name: CNA Insurance

Companies

(312) 822-4292 ext. [Phone] FEIN Number: 23-1620527

Continental Casualty Company CoCode: 20443 State of Domicile: Illinois

333 South Wabash Group Code: 218 Company Type: Property and

Casualty

Chicago , IL 60604 Group Name: CNA Insurance

Companies

(312) 822-4292 ext. [Phone] FEIN Number: 36-2114545

Company Tracking Number: 08-F3139

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Exclusion-Designated Exposures & Sp. Events

Project Name/Number: Exclusion-Designated Exposures & Sp. Events/G-300645-A

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$50 per group for form filing

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$50.00	05/12/2008	20271566
American Casualty Company of Reading PA	\$0.00	05/12/2008	
National Fire Insurance Company of Hartford	\$0.00	05/12/2008	
Transportation Insurance Company	\$0.00	05/12/2008	
Valley Forge Insurance Company	\$0.00	05/12/2008	
Continental Casualty Company	\$0.00	05/12/2008	

 SERFF Tracking Number:
 CNAB-125643090
 State:
 Arkansas

 First Filing Company:
 Continental Insurance Company, ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 08-F3139

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Exclusion-Designated Exposures & Sp. Events

Project Name/Number: Exclusion-Designated Exposures & Sp. Events/G-300645-A

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/23/2008	05/23/2008

Company Tracking Number: 08-F3139

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Exclusion-Designated Exposures & Sp. Events

Project Name/Number: Exclusion-Designated Exposures & Sp. Events/G-300645-A

Disposition

Disposition Date: 05/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing0.000%Overall Percentage Rate Impact For This Filing0.000%Effect of Rate Filing-Written Premium Change For This Program\$0Effect of Rate Filing - Number of Policyholders Affected0

Company Tracking Number: 08-F3139

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Exclusion-Designated Exposures & Sp. Events

Project Name/Number: Exclusion-Designated Exposures & Sp. Events/G-300645-A

Item TypeItem NameItem StatusPublic AccessSupporting DocumentUniform Transmittal Document-Property & Approved
CasualtyYesSupporting DocumentExp. MemoApprovedYesFormExclusion - Designated Exposures & Sp. ApprovedYes

 SERFF Tracking Number:
 CNAB-125643090
 State:
 Arkansas

 First Filing Company:
 Continental Insurance Company, ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 08-F3139

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Exclusion-Designated Exposures & Sp. Events

Project Name/Number: Exclusion-Designated Exposures & Sp. Events/G-300645-A

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	Exclusion -	G-300645	5-04-2008	Endorseme New		0.00	G-300645-A
	Designated	Α		nt/Amendm			Exclusion -
	Exposures & Sp.			ent/Conditi			Designated
	Events			ons			Exposures
							And Special
							Events.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. EXCLUSION - DESIGNATED EXPOSURES AND SPECIAL EVENTS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE OF EXPOSURES/EVENTS EXEMPT FROM THIS EXCLUSION

A. SECTION I – COVERAGES is amended to add the following exclusions under Paragraph 2. Exclusions of both COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY and COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY:

This insurance does not apply to:

Designated Exposures

"Bodily injury", "property damage" or "personal or advertising injury" arising out of any "designated exposures".

Special Events

"Bodily injury", "property damage" or "personal and advertising injury" arising out of any "special event".

- B. The exclusions described in paragraph A. above apply without regard to whether any of the "designated exposures" or "special events" are
 - 1. Sponsored in whole or in part by any insured;
 - 2. Conducted by or on behalf of any insured; or
 - 3. Situated or held on premises owned, occupied or used by any insured, or on any other premises.

C. Scheduled Exceptions

The exclusions described in paragraph A. above do not apply to the exposures or events described in this endorsement's Schedule of Exposures/Events Exempt From This Exclusion.

- D. SECTION **V** DEFINITIONS is amended to add the following definitions:
 - "Designated exposures" means one or more of the following:
 - **a.** The ownership, maintenance, operation, use or entrustment to others of any:
 - (1) Mechanically operated amusement devices;
 - (2) Aircraft of any type, including but not limited to airplanes, balloons, parasails, parachutes, hang gliders and ultralights; or

- (3) Trampoline or gymnastic rebounding device;
- b. Animal related activities;
- c. Athletic or sports contests or exhibitions, but only for "bodily injury" to any person while practicing for or participating in any such contest or exhibition;
- d. Auto, motorcycle or boat races or events;
- e. Biking events;
- f. Bungee jumping;
- **g.** Concerts of any kind, including but not limited to rock, rap, hip-hop, jam, techno, or punk;
- h. Construction activities at or associated with "special events";
- i. Demonstrations, strikes, protests or rallies;
- j. Eating or drinking contests;
- **k.** Fireworks displays of any kind;
- Inflatable amusement devices of any kind, including but not limited to moonwalks and slides;
- **m.** Provision or arrangement of transportation for "special events", or for preparations for "special events", including any contract to furnish transportation:
- n. Rock climbing walls;
- Traffic control, road closures, route lay-out or planning associated with "special events"; or
- p. Water related activities.
- "Special event" means an activity, event, performance, entertainment, fundraiser or exhibition which is:
- a. Open to the public or to an insured's membership or invitees whether or not an admission is charged;
- b. Held for a specified or limited duration of time;
 and
- **c.** Separate and distinct from the insured's regular, ongoing operations.

 SERFF Tracking Number:
 CNAB-125643090
 State:
 Arkansas

 First Filing Company:
 Continental Insurance Company, ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 08-F3139

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Exclusion-Designated Exposures & Sp. Events

Project Name/Number: Exclusion-Designated Exposures & Sp. Events/G-300645-A

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: 08-F3139

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Exclusion-Designated Exposures & Sp. Events

Project Name/Number: Exclusion-Designated Exposures & Sp. Events/G-300645-A

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 05/23/2008

Property & Casualty

Comments:

P & C Transmittal Document & Form Filing Schedule attached

Attachments:

AR08-F3139 P & C Trans. Doc..pdf 08-F3139 FORM FILING SCHED.pdf

Review Status:

Satisfied -Name: Exp. Memo Approved 05/23/2008

Comments:

Explanatory Memo attached

Attachment:

08-F3139 EXP. MEMO.pdf

Property & Casualty Transmittal Document

1 . Reserved for Insurance Dept. Use Only		2. Insurance Department Use only							
			a. Date the filing is received:						
				b. Analyst:					
				c. Disposition:					
			d. Dat	te of di	ispos	ition of the	e filino]:	
					•	of filing:			
				New					
			Renewal Business						
			f. Sta	te Filir					
				RFF F		<u>#</u> ·			
			1	oject C					
			II. Oui	Jeer C	Joucs	<u> </u>		ı	
3.	Group Name								NAIC #
	CNA							218	
4.	Company Name(s)			Domi	cile	NAIC#	FEIN	l #	State #
	Continental Casualty Com	pany		IL		20443	36-2°	114545	
	National Fire Insurance Co		ord	IL		20478		464510	
	American Casualty Compa			PA		20427	23-03	342560	
	Transportation Insurance (Company		IL		20494	36-18	877247	
	Valley Forge Insurance Co			PA		20508		620527	
	The Continental Insurance	Company		PA		35289	13-50	010440	
5. Company Tracking Number			08-F31	39					
Cor	tact Info of Filer(s) or Co	rporate Officer	(s) [include	toll-fre	ee nı	umber]			
Cor 6.	ntact Info of Filer(s) or Co Name and address	Title	Telephor	ne #s		FAX#			mail
		•	 	ne #s		FAX#			nail narasigan
	Name and address	Title State Filing	Telephor	ne #s		FAX#		ercedes.m	
6.	Name and address Mercy A. Marasigan 333 S. Wabash Ave.	Title State Filing Analyst	Telephor	ne #s 6609	(312	FAX #) 755-239		ercedes.m	
7.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604	Title State Filing Analyst	Telephor (312) 822-	ne #s 6609 M ar	(312 easign	FAX #) 755-239		ercedes.m	
7. 8.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file Please print name of authorized	Title State Filing Analyst er prized filer	Telephor (312) 822- Mercy A. Mercy A.	ne #s 6609 Mar	(312	FAX # 1) 755-239 an		ercedes.m	
7. 8. Filii	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file	Title State Filing Analyst er prized filer eral Instructions	Telephor (312) 822- Mercy A. Mercy A.	Mar Marasig	(312	FAX # 1) 755-239 an		ercedes.m	
7. 8. Filir 9.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file Please print name of authorized file Inginformation (see Generative Gen	Title State Filing Analyst er prized filer eral Instructions Sub-TOI)	Telephor (312) 822- Mercy A. Mercy A. for descripti	Marasiçons of er Lial	(312	FAX # 1) 755-239 au e fields)	@	ercedes.m cna.com	
7. 8. Filir 9.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file Please print name of authorized file Interpolation (see General Sub-Type of Insurance (TOI) Sub-Type of Insurance (State Specific Product co	Title State Filing Analyst er prized filer eral Instructions Sub-TOI) ode(s) (if	Mercy A. Mercy A. Mercy A. Morcy A. Mor	Marasiçons of er Lial	(312	FAX # 1) 755-239 au e fields)	@	ercedes.m cna.com	
7. 8. Filii 9. 10.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file Please print name of authorized file In the second	Title State Filing Analyst er prized filer eral Instructions Sub-TOI) ode(s) (if Requirements]	Mercy A. Mercy A. Mercy A. Morcy A. Mor	Marasiçons of er Lial	(312	FAX # 1) 755-239 au e fields)	@	ercedes.m cna.com	
7. 8. Filin 9. 10. 11.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file Please print name of authorized file Interpolation (see General Sub-Type of Insurance (TOI) Sub-Type of Insurance (State Specific Product co	Title State Filing Analyst er prized filer eral Instructions Sub-TOI) ode(s) (if Requirements]	Mercy A. Mer	Marasiçons of er Liab	(312 gan thes bility	FAX # 1) 755-239 au e fields) General Lia	@ ability	ercedes.m cna.com	narasigan
7. 8. Filin 9. 10. 11.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file Please print name of authorized file In the properties of the propert	Title State Filing Analyst er prized filer eral Instructions Sub-TOI) ode(s) (if Requirements]	Mercy A. Mer	Marasiçons of er Liab mmero	(312 casique gan thes bility cial C	FAX # 2) 755-239 au e fields) General Lia	ability Raes/Ru	ercedes.m cna.com	narasigan
7. 8. Filin 9. 10. 11.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file Please print name of authorized file In the second	Title State Filing Analyst er prized filer eral Instructions Sub-TOI) ode(s) (if Requirements] (Marketing title)	Mercy A. Mercy A. Mercy A. Mercy A. Morcy A. Mercy A. Mer	Marasiçons of cer Liability ss Coswal Cowal	(312 casique gan thes bility cial C	FAX # 2) 755-239 au e fields) General Lia nation Rate her (give o	@ ability Raes/Rudescri	ercedes.m cna.com	narasigan
7. 8. Filin 9. 10. 11. 12. 13.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file Please print name of authorized file In the second of the second	Title State Filing Analyst er prized filer eral Instructions Sub-TOI) ode(s) (if Requirements] (Marketing title)	Mercy A. Mercy A. Mercy A. Mercy A. Morcy A. Mercy A. Mer	Marasigons of er Liab mmero	(312 casique gan these bility cial Combin Ot	FAX # 2) 755-239 au e fields) General Lia nation Rate her (give o	@ ability Raes/Rudescri	ercedes.m cna.com	narasigan
7. 8. Filin 9. 10. 11. 12. 13.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file Please print name of authorized file Insurance (TOI) Sub-Type of Insurance (TOI) Sub-Type of Insurance (State Specific Product coapplicable)[See State Specific Company Program Title Filing Type Effective Date(s) Requese Reference Filing?	Title State Filing Analyst er prized filer eral Instructions Sub-TOI) ode(s) (if Requirements] (Marketing title)	Mercy A. Mercy A. Mercy A. Mercy A. Morcy A. Mercy A. Mer	Marasiçons of cer Liability ss Coswal Cowal	(312 casique gan these bility cial Combin Ot	FAX # 2) 755-239 au e fields) General Lia nation Rate her (give o	@ ability Raes/Rudescri	ercedes.m cna.com	narasigan
7. 8. Filin 9. 10. 11. 12. 13.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file Please print name of authorized file In the second	Title State Filing Analyst er prized filer eral Instructions Sub-TOI) ode(s) (if Requirements] (Marketing title) tted (if applicable)	Mercy A. Mercy A. Mercy A. Mercy A. Morcy A. Mercy A. Mer	Marasigons of er Liab mmero	(312 casique gan these bility cial Combin Ot	FAX # 2) 755-239 au e fields) General Lia nation Rate her (give o	@ ability Raes/Rudescri	ercedes.m cna.com	narasigan
7. 8. Filin 9. 10. 11. 12. 13. 14. 15. 16. 17.	Name and address Mercy A. Marasigan 333 S. Wabash Ave. Chicago, IL 60604 Signature of authorized file Please print name of authorized file Insurance (TOI) Sub-Type of Insurance (TOI) Sub-Type of Insurance (State Specific Product coapplicable)[See State Specific Company Program Title Filing Type Effective Date(s) Requese Reference Filing?	Title State Filing Analyst er prized filer eral Instructions Sub-TOI) ode(s) (if Requirements] (Marketing title) eted (if applicable) # & Title	Mercy A. Mercy A. Mercy A. Mercy A. Morcy A. Mercy A. Mer	Marasigons of er Liab mmero	(312 casique gan these bility cial Combin Ot	FAX # 2) 755-239 au e fields) General Lia nation Rate her (give o	@ ability Raes/Rudescri	ercedes.m cna.com	narasigan

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 08-F3139

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Re: G-300645-A Exclusion – Designated Exposures and Special Events

Exclusion – Designated Exposures and Special Events, is an optional endorsement intended for use on accounts with a history or potential of owning, using, or engaging in objects or activities that aren't customary to most members of the class and therefore aren't reflected in the classification's rates. Examples include a Sporting Goods store which incorporates a rock climbing wall, or a church that hosts a water skiing show to raise funds. G-300645-A allows our underwriters to write the customary exposures of the account, while excluding its uncharacteristically severe exposures so as to steer those exposures to specialty markets which know best how to underwrite and price such exposures.

The endorsement lists foreseeable exposure types we do not want to insure for accounts whose classification rates don't reflect such exposures. The endorsement incorporates a Schedule that lets an underwriter exempt from the exclusion instances of exposures which are relatively tame versions of one or more of the listed exposures.

This endorsement has no rate impact.

W	e respectfully 1	request a writte	n date of Ju	ne 1, 2008	or the earliest	date permit	ted by the	State regulations.
---	------------------	------------------	--------------	------------	-----------------	-------------	------------	--------------------

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking # 08-F3139							
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)							
3.	Form Name / Include edition date Replacement or Withdrawn?		or	If replacement, give form # it replaces	Previous state filing number, if required by state			
01	Exclusion -Designated Exposure And Special Events	G-300645-A (Ed. 04/08)	□ New □ Replacement □ Withdrawn					
02			☐ New ☐ Replacement ☐ Withdrawn					
03			☐ New ☐ Replacement ☐ Withdrawn					
04			☐ New ☐ Replacement ☐ Withdrawn					
05			☐ New ☐ Replacement ☐ Withdrawn					
06			☐ New ☐ Replacement ☐ Withdrawn					
07			☐ New ☐ Replacement ☐ Withdrawn					
08			☐ New ☐ Replacement ☐ Withdrawn					
09			☐ New ☐ Replacement ☐ Withdrawn					
10			☐ New ☐ Replacement ☐ Withdrawn					

EXPLANATORY MEMORANDUM

ID#08-F3139

Re: G-300645-A Exclusion – Designated Exposures and Special Events

Exclusion – Designated Exposures and Special Events, is an optional endorsement intended for use on accounts with a history or potential of owning, using, or engaging in objects or activities that aren't customary to most members of the class and therefore aren't reflected in the classification's rates. Examples include a Sporting Goods store which incorporates a rock climbing wall, or a church that hosts a water skiing show to raise funds. G-300645-A allows our underwriters to write the customary exposures of the account, while excluding its uncharacteristically severe exposures so as to steer those exposures to specialty markets which know best how to underwrite and price such exposures.

The endorsement lists foreseeable exposure types we do not want to insure for accounts whose classification rates don't reflect such exposures. The endorsement incorporates a Schedule that lets an underwriter exempt from the exclusion instances of exposures which are relatively tame versions of one or more of the listed exposures. This endorsement has no rate impact.